Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
SOUTHERN DISTRICT OF INDIANA, EVANSVILLE DIVISION	_	1:	
Case number (if known)	_ Chapter you are filing under:		
	Chapter 7		
	☐ Chapter 11		
	☐ Chapter 12		
	☐ Chapter 13		Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Dennis First name Lamont Middle name Johnson Last name and Suffix (Sr., Jr., II, III)	Veronica First name Renee Middle name Johnson Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		Veronica Renee Lewis
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1521	xxx-xx-9170

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Debtor 1 Debtor 2

Johnson, Dennis Lamont & Johnson, Veronica Renee

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EIN	EIN
5.	Where you live	3811 Van Meter Ct	If Debtor 2 lives at a different address:
		Evansville, IN 47714-5363	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Vanderburgh	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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	Johnson, Dennis	Lamont & Johns	on, Veronica Renee		Case number (if known)			
Par	t 2: Tell the Court About	∕our Bankruptcy Ca	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how yo	with the clerk's office in your local court for more details lf, you may pay with cash, cashier's check, or money o orney may pay with a credit card or check with a	rder.				
		I need to pa		sign and attach the Application for Individuals to Pay 7	he			
		I request that not required to your family si	at my fee be waived (You may re	equest this option or only if your income fee in installments).	nly if you are filing for Chapter 7. By law, a judge may, but is less than 150% of the official poverty line that applied If you choose this option, you must fill out the <i>Applicat</i> d file it with your petition.	s to		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
		District		When	Case number			
		District		When	Case number			
		District		When	Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing							
	this case with you, or by a business partner, or by an affiliate?							
		Debtor			Relationship to you			
		District		When	Case number, if known			
		Debtor			Relationship to you			
		District		When	Case number, if known			
11.	Do you rent your	□ No. Go to	line 12.					
	residence?	■ Yes. Has ye	our landlord obtained an eviction	judgment against y	ou?			
		-	No. Go to line 12.					
			Yes. Fill out <i>Initial Statement Ab</i> bankruptcy petition.	out an Eviction Jud	Igment Against You (Form 101A) and file it with this			

Debtor 1

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Deb	Johnson, Dennis	Lamont &	& Johns	on, Veronica Re	Case number (if known)
ar.	3: Report About Any Bus	singesos V	/ou Own	as a Solo Dronrioto	,
		sinesses 1	rou Own	as a Sole Proprieto	
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busi	ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numb	er, Street, City, State	e & ZIP Code
	to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you in s, cash-flo	dicate that you are a sow statement, and fed	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of leral income tax return or if any of these documents do not exist, follow the procedure in 11
	For a definition of small	■ No.	I am r	not filing under Chapt	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I deer Subchapter V of Chapter 11.
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I ubchapter V of Chapter 11.
arı	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention
4.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is	the hazard?	
	safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number Circuit City State 9 7 in Code
					Number, Street, City, State & Zip Code

Debtor 1 Debtor 2

Johnson, Dennis Lamont & Johnson, Veronica Renee

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 tor 2 Johnson, Dennis	Lamont a	& Johnson, Veronica Renee		Case nu	umber (if known)		
Par	6: Answer These Question	ons for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			■ Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	at are not consume	er debts or busin	ness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo paid that funds will be available to			operty is excluded and administrative expenses are		
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000	1	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,000		50,001-100,000		
		☐ 100-19 ☐ 200-99		□ 10,001-25,0	00	☐ More than100,000		
19.	How much do you	\$ 0 - \$	50.000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001		□ \$1,000,000,001 - \$10 billion		
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$50,000,001	I - \$100 million)1 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
		₩ \$500,0	001 - \$1 million	— \$100,000,00	71 - \$300 Hillion	Note than \$50 billion		
20.	How much do you estimate your liabilities to	S 0 - \$8	50,000	\$1,000,001		☐ \$500,000,001 - \$1 billion		
	be?	_ ' '	01 - \$100,000	□ \$10,000,001 □ \$50,000,001		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	_ ` ' '	า - จางง กาแเงก)1 - \$500 million	<u> </u>		
		— \$500,0	501 - \$1 million					
Par	7: Sign Below							
For	you	I have exa	amined this petition, and I declare u	nder penalty of per	jury that the info	ormation provided is true and correct.		
			If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, Unite States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
			ney represents me and I did not pa nined and read the notice required b			not an attorney to help me fill out this document, I		
		I request	relief in accordance with the chap	ter of title 11, Unite	ed States Code,	, specified in this petition.		
		case can			to 20 years, or b	y or property by fraud in connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. a Renee Johnson		
		Dennis	Lamont Johnson			enee Johnson		
		Executed	on March 5, 2020 MM / DD / YYYY		Executed on	March 5, 2020 MM / DD / YYYY		

Case 20-70254-AKM-7 Doc 1 Filed 03/05/20 EOD 03/05/20 20:24:59 Pg 7 of 68

Debtor 1 Debtor 2 Johnson, Dennis	Lamont & Johnson, Veronica Renee	Cas	se number (if known)
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, de Chapter 7, 11, 12, or 13 of title 11, United States Code, person is eligible. I also certify that I have delivered to the which § 707(b)(4)(D) applies, certify that I have no know petition is incorrect.	and have explained ne debtor(s) the noti	the relief available under each chapter for which the ice required by 11 U.S.C. § 342(b) and, in a case in
	/s/ Dax J. Miller Signature of Attorney for Debtor	Date	March 5, 2020 MM / DD / YYYY
	Dax J. Miller Printed name The Law Offices of Dax J. Miller, LLC Firm name		
	201 NW 4th St Ste 111 Evansville, IN 47708-1356 Number, Street, City, State & ZIP Code		

Email address

dax@daxjmiller.com

Contact phone (812) 463-3909

34840-82 (IN) Bar number & State

	Fill in this information to identify your case:			
Deb	Pebtor 1 Dennis Lamont Johnson First Name Middle Name Last Name			
Deb	rebtor 2 Veronica Renee Johnson			
	Spouse if, filing) First Name Middle Name Last Name			
Unit	nited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA, EVANS	SVILLE DIVISION		
Cas	rase number			
	known)		_	cif this is an ded filing
Sul Be as	Official Form 106Sum ummary of Your Assets and Liabilities and Certain States as complete and accurate as possible. If two married people are filing together, beformation. Fill out all of your schedules first; then complete the information on this bur original forms, you must fill out a new Summary and check the box at the top of	oth are equally responsible for s form. If you are filing amended	upplying	
Part	art 1: Summarize Your Assets			
			Your a	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	7,915.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	7,915.00
Part	art 2: Summarize Your Liabilities			
				abilities t you owe
2.	. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page	ge of Part 1 of <i>Schedule D</i>	\$	0.00
3.	. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &ched	lule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &c/	nedule E/F	\$	43,700.00
		Your total liabilities	\$	43,700.00
Part	art 3: Summarize Your Income and Expenses			
	•			
Part 4.			\$	2,209.74
	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I		\$ \$	2,209.74 2,215.00
4. 5.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I		\$ \$	·
4. 5.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	2,215.00
4. 5. Part	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I		\$	2,215.00
4.5.Part6.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	t this form to the court with your ot	\$	2,215.00 les.

Official Form 106Sum Sum

court with your other schedules.

Debtor 1	Johnson, Dennis Lamont & Johnson,
Debtor 2	Veronica Renee

Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,667.81

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in	this information to identify	your case and this filing:		
Debtor 1				
Jebioi i	Dennis Lamont Jo	Middle Name Last Name		
Debtor 2	Veronica Renee J			
(Spouse, if filing)	First Name	Middle Name Last Name		
United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA, EVANSVILLE DIVIS	ION	
Case number				☐ Check if this is an
				amended filing
Official F	orm 106A/B			
_	_	a who a		
<u>Scneau</u>	ıle A/B: Prop	erty		12/15
nformation. If m Answer every qu	ore space is needed, attach a uestion.	e as possible. If two married people are filing together, both are separate sheet to this form. On the top of any additional pages Land, or Other Real Estate You Own or Have an Interest In		
Do you own o	or have any legal or equitable i	interest in any residence, building, land, or similar property?		
_	, .			
No. Go to F				
☐ Yes. Where	e is the property?			
Part 2: Describ	be Your Vehicles			
□ No ■ Yes				
3.1 Make:	Buick	Who has an interest in the property? Check one		claims or exemptions. Put red claims on Schedule D:
Model:	Rendezvous AWD	☐ Debtor 1 only		aims Secured by Property.
Year:	2003	■ Debtor 2 only	Current value of the	Current value of the
	nate mileage: 1090		entire property?	portion you own?
Other info	ormation:	At least one of the debtors and another		
		☐ Check if this is community property	\$4,000.00	\$4,000.00
		(see instructions)		
		/s and other recreational vehicles, other vehicles, and a al watercraft, fishing vessels, snowmobiles, motorcycle acces		
.you have a	ttached for Part 2. Write th	ou own for all of your entries from Part 2, including any of at number here		\$4,000.00
Yes 5 Add the do you have a	ttached for Part 2. Write the	at number here		\$4,000.00 Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 1

	ebtor 1 ebtor 2 Johnson,	Dennis Lamont & Johnson, Veronica Renee Case number (if know	wn)								
6.	Examples: Major appli ☐ No	busehold goods and furnishings ixamples: Major appliances, furniture, linens, china, kitchenware No									
	Yes. Describe	Bedroom Suite, Living Room Suite, Dining Room Suite, Washer/Dryer, Miscellaneous Household Items	\$2,000.00								
7.		s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c cell phones, cameras, media players, games	ollections; electronic devices								
		Television (3), Cell Phone (2), Tablet	\$1,000.00								
8.		nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin s, memorabilia, collectibles	, or baseball card collections; other								
9.	Equipment for sports Examples: Sports, pho instrument No ☐ Yes. Describe	otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools; musical								
10.	. Firearms Examples: Pistols, rii ■ No □ Yes. Describe	fles, shotguns, ammunition, and related equipment									
11.	. Clothes <i>Examples:</i> Everyday □ No	clothes, furs, leather coats, designer wear, shoes, accessories									
	Yes. Describe		*								
_		Debtor's Clothing	\$200.00								
		Joint Debtor's Clothing	\$500.00								
12.	□ No	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, ge	old, silver								
	Yes. Describe	Wedding Band, Wedding Ring, Costume Jewelry	\$200.00								
	Non-farm animals Examples: Dogs, cat No Yes. Describe Any other personal a No Yes. Give specific	and household items you did not already list, including any health aids you did not list									
15		ue of all of your entries from Part 3, including any entries for pages you have attached for the form	\$3,900.00								
			L								

Part 4: Describe Your Financial Assets

Debtor Debtor	Johnson Donn	is Lamont & Jol	nnson, Ve	eronica Renee	Case number (if known)	
Do you	own or have any legal	or equitable intere	est in any c	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	amples: Money you have			•	hand when you file your petition	
Exa	institutions. If yo			certificates of deposit; share the same institution, list ea	res in credit unions, brokerage houses ach.	s, and other similar
□ N ■ Y	0 9 S			Institution name:		
	1	7.1. Checking	Account	Diamond Valley Fee	deral Credit Union	\$10.00
	1	7.2. Savings A	ccount	Diamond Valley Fee	deral Credit Union	\$5.00
Exa ■ N			th brokerage	e firms, money market acco	ounts	
19. No n	-publicly traded stock at venture	and interests in in	corporated	l and unincorporated bus	sinesses, including an interest in a	an LLC, partnership, and
■ N □ Y	o es. Give specific informa	ation about them Name of entity:			% of ownership:	
Ne No. ■ N	gotiable instruments inclu n-negotiable instruments	de personal checks are those you canno	, cashiers' o	and non-negotiable inst checks, promissory notes, co someone by signing or de	and money orders.	
		Issuer name:				
	'		1(k), 403(b)	, thrift savings accounts, c	or other pension or profit-sharing plar	ns
☐ Y	es. List each account sep 7	parately. Type of account:		Institution name:		
You Exa	amples: Agreements with	osits you have mad		ou may continue service or utilities (electric, gas, water	use from a company r), telecommunications companies, or	· others
■ N	o es			Institution name or indiv	vidual:	
23. Ann		eriodic payment of r	money to you	u, either for life or for a nur	nber of years)	
☐ Y	es Issuer	name and descript	tion.			
26 U	.S.C. §§ 530(b)(1), 529A		n a qualifie	d ABLE program, or und	ler a qualified state tuition progran	n.
■ N □ Y		tion name and desc	ription. Sepa	arately file the records of a	ny interests.11 U.S.C. § 521(c):	
25. Tru :		interests in prope	rty (other t	han anything listed in lin	ne 1), and rights or powers exercis	able for your benefit
	es. Give specific informa Form 106A/B	ation about them	Sc	hedule A/B: Property		page 3

	ebtor 1 ebtor 2	Johnson, Dennis Lamont & Johnson, Veronica Renee	Case number (if known)	
26	Examp ■ No	s, copyrights, trademarks, trade secrets, and other intellectual properties: Internet domain names, websites, proceeds from royalties and licensis		
27.	. License	es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings	liquor licenses, professional licenses	
	☐ Yes.	Give specific information about them		
M	oney or _l	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax ref	unds owed to you		
	☐ Yes. (Give specific information about them, including whether you already filed the	ne returns and the tax years	
29.	■ No	support sles: Past due or lump sum alimony, spousal support, child support, mair Give specific information	tenance, divorce settlement, property se	ettlement
30.	Examp ■ No	imounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits, sick unpaid loans you made to someone else Give specific information	pay, vacation pay, workers' compensation	on, Social Security benefits;
31.	. Interest	ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); cre	dit, homeowner's, or renter's insurance	
	■ No □ Yes. I	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.		rerest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance positions.	olicy, or are currently entitled to receive p	roperty because someone has
	☐ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or mac oles: Accidents, employment disputes, insurance claims, or rights to sue	le a demand for payment	
	☐ Yes.	Describe each claim		
34.	■ No	contingent and unliquidated claims of every nature, including counte	erclaims of the debtor and rights to se	t off claims
35.		Describe each claim ancial assets you did not already list		
	■ No	Give specific information		
	⊔ res.	оте вресите иногнацоп	г	
36		he dollar value of all of your entries from Part 4, including any entrie		\$15.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B

Debiol 2			
37. Do you own or have any legal or equitable interest in any business-rela	ted property?		
No. Go to Part 6.			
☐ Yes. Go to line 38.			
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You flyou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	t In.	
46. Do you own or have any legal or equitable interest in any farm-	- or commercial fishing	-related property?	
■ No. Go to Part 7.			
☐ Yes. Go to line 47.			
Part 7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
53. Do you have other property of any kind you did not already list	1?		
Examples: Season tickets, country club membership			
■ No			
☐ Yes. Give specific information			
54. Add the dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$4,000.00		75.55
57. Part 3: Total personal and household items, line 15	\$3,900.00		
58. Part 4: Total financial assets, line 36	\$15.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	+ \$0.00		
62. Total personal property. Add lines 56 through 61	\$7,915.00	Copy personal property total	\$7,915.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$7,915.00

Official Form 106A/B Schedule A/B: Property page 5

	Fill in this	information to identify	your case:			I
De	ebtor 1	Dennis Lamont Jo				
	DIOI I	First Name	Middle Name	L	ast Name	
	ebtor 2 ouse if, filing)	First Name	Middle Name	1.	ast Name	
Un	nited States Ban	kruptcy Court for the:	SOUTHERN DISTRICT (OF INDIA	NA, EVANSVILLE DIVISION	
	ase number					Check if this is an amended filing
O	fficial For	m 106C				
S	chedule	C: The Pro	perty You C	laim	as Exempt	4/19
propout kno For spe app fun	perty you listed of and attach to thi wn). The each item of precific dollar amo blicable statutor ds—may be un	on Schedule A/B: Property s page as many copies of roperty you claim as ex ount as exempt. Alterna ry limit. Some exemptio llimited in dollar amoun	y (Official Form 106A/B) as Part 2: Additional Page as tempt, you must specify tively, you may claim the ins—such as those for he t. However, if you claim a	s your sous necessa the amou e full fair ealth aids an exemp	rce, list the property that you claim a ry. On the top of any additional page unt of the exemption you claim. O market value of the property beir s, rights to receive certain benefit	ng exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption
app	olicable statuto	ry amount.		illilled to	o exceed that amount, your exemp	onon would be infilted to the
	-	the Property You Clain		.,		
1.	Which set of 6	exemptions are you clai	ming? Check one only, ev	ven if youi	r spouse is filing with you.	
	You are clair	ming state and federal no	nbankruptcy exemptions.	11 U.S.C.	. § 522(b)(3)	
	☐ You are clai	ming federal exemptions.	11 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Schedul	e A/B that you claim as e	exempt, fi	ill in the information below.	
		Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption
			Copy the value from Schedule A/B	ı Che	ck only one box for each exemption.	
De	ebtor 1 Exem	ptions				
	Buick	-	\$4,000.0	0 ■	\$4,000.00	Ind. Code § 34-55-10-2(c)(2)
	Rendezvous 2003 109000				100% of fair market value, up to any applicable statutory limit	
	Line from Sche	edule A/B: 3.1				
		uite, Living Room Su n Suite, Washer/Dry		0	\$1,000.00	Ind. Code § 34-55-10-2(c)(2)
	Miscellaneo Line from Sche	ous Household Items edule A/B. 6.1	:		100% of fair market value, up to any applicable statutory limit	
	Television (3), Cell Phone (2), Ta	ablet \$1,000.0	0	\$500.00	Ind. Code § 34-55-10-2(c)(2)
					100% of fair market value, up to any applicable statutory limit	
	Debtor's Clo	othing edule A/B: 11.1	\$200.0	0	\$200.00	Ind. Code § 34-55-10-2(c)(2)
		111			100% of fair market value, up to any applicable statutory limit	
	Wedding Ba	and, Wedding Ring,	\$200.0	0	\$100.00	Ind. Code § 34-55-10-2(c)(2)
		edule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

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	otor 1 otor 2	Joh	nnson, Dennis Lamont & Joh	nson, Veronica Rer	Case number (if known	
			iption of the property and line on A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Check only one box for each exemption.	
3.			laiming a homestead exemption adjustment on 4/01/22 and every 3		filed on or after the date of adjustment.)	
		No				
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?					
			No			
			Yes			

Official Form 106C

	ebtor 1 bbtor 2 Johnson, Dennis Lamont & Joh	nson, Veronica Re	nee	Case number (if known)	
Fi	II in this information to identify your case:				
De	ebtor 1				
 	First Name Publication 2 Veronica Renee Johns	Middle Name	L	ast Name	
1 1		Middle Name	L	ast Name	
Ur	nited States Bankruptcy Court for the: SOU	THERN DISTRICT OF	INDIA	NA, EVANSVILLE DIVISION	
	ase number				☐ Check if this is an amended filing
0	fficial Form 106C				g
	chedule C: The Prope	rty You Cla	im	as Exemnt	4/19
_	chedule c. The Hope	ity iod cia	1111	as Exchipt	4/19
pro out	as complete and accurate as possible. If two maperty you listed on Schedule A/B: Property (Officiand attach to this page as many copies of Part (Wn).	cial Form 106A/B) as yo	ur sou	urce, list the property that you claim as	s exempt. If more space is needed, fill
app fun to a	r each item of property you claim as exempt ecific dollar amount as exempt. Alternatively plicable statutory limit. Some exemptions—snds—may be unlimited in dollar amount. How a particular dollar amount and the value of the plicable statutory amount.	y, you may claim the fusuch as those for healt vever, if you claim an o	ıll fair th aid: exemp	market value of the property being s, rights to receive certain benefits ption of 100% of fair market value u	g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption
Pa	Identify the Property You Claim as E	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, even	if you	r spouse is filing with you.	
	You are claiming state and federal nonbank	ruptcy exemptions. 11	U.S.C	. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 U	.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exer	mpt, f	ill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
D	ebtor 2 Exemptions				
	Bedroom Suite, Living Room Suite, Dining Room Suite, Washer/Dryer,	\$2,000.00		\$1,000.00	Ind. Code § 34-55-10-2(c)(2)
	Miscellaneous Household Items Line from Schedule A/B 6.1			100% of fair market value, up to any applicable statutory limit	
	Television (3), Cell Phone (2), Tablet Line from Schedule A/B. 7.1	\$1,000.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)
	Life Holl Galleddie A/D 111			100% of fair market value, up to any applicable statutory limit	
	Joint Debtor's Clothing Line from Schedule A/B 11.2	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)
	End non concede AVE 112			100% of fair market value, up to any applicable statutory limit	
	Wedding Band, Wedding Ring, Costume Jewelry	\$200.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Debto	Johnson Donnie Lamont 9 John	nson, Veronica Re	nee	Case number (if known)		
	rief description of the property and line on chedule A/B that lists this property	Current value of the Au portion you own		ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	iamond Valley Federal Credit Union ne from Schedule A/B 17.1	\$10.00		\$10.00	Ind. Code § 34-55-10-2(c)(3)	
LI	The Hoth Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit		
Diamond Valley Federal Credit Union Line from Schedule A/B 17.2		\$5.00		\$5.00	Ind. Code § 34-55-10-2(c)(3)	
	The Helli Golledate 77 E. T. L.			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption o Subject to adjustment on 4/01/22 and every 3 y No Yes. Did you acquire the property covered No Yes	ears after that for case	s filed	,		

Fill in this						
Debtor 1	Debtor 1 Dennis Lamont Johnson					
	First Name	Middle Name	Last Name			
Debtor 2	Veronica Renee	Johnson				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA, EVANSVILLE DIV	VISION		
Case number					☐ Check if this is an amended filing	

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

						3
Fill	in this info	ormation to identify you	ur case:			
			_			
Debto	1 1	Dennis Lamont J	Onnson Middle N	ame Last Name		
Debto	r 2	Veronica Renee	Johnson			
(Spouse	if, filing)	First Name	Middle N	ame Last Name		
United	l States Bar	nkruptcy Court for the:	SOUTHERN	I DISTRICT OF INDIANA, EVAN	ISVILLE DIVISION	
Case r	number			-		☐ Check if this is an amended filing
		<u>n 106E/F</u> /F: Creditors W	/ho Have	Unsecured Claims		12/15
any exe Schedu D: Cred the Con	cutory controlle G: Executitors Who Hitinuation Parmber (if known	racts or unexpired leases tory Contracts and Unexp ave Claims Secured by Pr age to this page. If you have own).	that could resu ired Leases (Of operty. If more ve no information	It in a claim. Also list executory c ficial Form 106G). Do not include a space is needed, copy the Part yo on to report in a Part, do not file th	ontracts on Schedule A/B any creditors with partially u need, fill it out, number	ONPRIORITY claims. List the other party to : Property (Official Form 106A/B) and on y secured claims that are listed in Schedul the entries in the boxes on the left. Attach additional pages, write your name and
		I of Your PRIORITY Un				
_	No. Go to Pa		a olalillo agalillo	. you.		
	Yes.	ait Z.				
ш	res.					
Part 2	: List Al	I of Your NONPRIORIT	Y Unsecured	Claims		
3. Do	any credito	rs have nonpriority unsec	ured claims ag	ainst you?		
	No. You have	ve nothing to report in this p	art. Submit this f	orm to the court with your other sche	dules	
	Yes.	o nouning to roport in and p	a.u Gu z		Galloo:	
uns	secured clain	n, list the creditor separately	for each claim.		pe of claim it is. Do not list	ditor has more than one nonpriority claims already included in Part 1. If more I claims fill out the Continuation Page of Part
						Total claim
4.1	Avante	usa Ltd.		Last 4 digits of account number	5070	\$1,080.00
		Creditor's Name		· ·		
	0000 0	O		When was the debt incurred?	2019-04-11	
		Gessner Rd Ste 225				
	Number St	n, TX 77063-5357 reet City State Zip Code		As of the date you file, the claim	s: Check all that apply	
		rred the debt? Check one.		,		
	☐ Debtor	1 only		☐ Contingent		
	■ Debtor	2 only		☐ Unliquidated		
		1 and Debtor 2 only		☐ Disputed		
	_	t one of the debtors and and	othor	Type of NONPRIORITY unsecured	d claim:	
		if this claim is for a com		☐ Student loans		
	debt	if this claim is for a comr m subject to offset?	nunity	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	e that you did not
	■ No	•		Debts to pension or profit-sharing	g plans, and other similar d	ebts
	☐ Yes			Other. Specify		
				o opooy		

Cash-Pro, Inc	Last 4 digits of account number	8815	\$718				
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5469	When was the debt incurred?	2019-06					
Evansville, IN 47716-5469							
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
Debtor 1 only	Пол						
Debtor 2 only	☐ Contingent						
_	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:					
☐ At least one of the debtors and another	Student loans	d Claim.					
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
Yes	Other. Specify	g pane, and outer online doole					
Choice Recovery	Last 4 digits of account number	9199	\$293				
Nonpriority Creditor's Name	_						
Attn: Bankruptcy 1550 Old Henderson Rd Ste 100 Columbus, OH 43220-3626	When was the debt incurred? 2017-03						
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
Who incurred the debt? Check one.							
Debtor 1 only	Contingent						
Debtor 2 only	Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ Check if this claim is for a community debt	_	and a second and the					
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
Yes	Other. Specify						
Colonial Auto Finance	Last 4 digits of account number	5803	\$8,811				
Nonpriority Creditor's Name	When was the debt incurred?	2019-01					
802 SE Plaza Ave Ste 200 Bentonville, AR 72712-3220	_	2010 01					
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
Who incurred the debt? Check one.	_						
Debtor 1 only	☐ Contingent☐ Unliquidated						
Debtor 2 only							
Debtor 1 and Debtor 2 only Disputed							
At least one of the debtors and another							
Check if this claim is for a community	Student loans						
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
No	Debts to pension or profit-sharin	g plans, and other similar debts					
— 14U	to policion of profit offallin	J					

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Debto Debto	or 1 Johnson, Dennis Lamont & Johnson Renee	on, Veronica	Case number (f known)	
4.5	Commonwealth Financial Systems	Last 4 digits of account number	82N1	\$2,624.00
	Nonpriority Creditor's Name Attn: Bankruptcy 245 Main St	When was the debt incurred?	2019-12	
	Dickson City, PA 18519-1641			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only			
	☐ Debtor 2 only	Contingent		
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	_	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a diami.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No □ Yes	Other. Specify	g plans, and other similar debts	
4.6	Crane Credit Union	Last 4 digits of account number		\$617.00
	Nonpriority Creditor's Name	-		¥
	1 W Gate Dr Odon, IN 47562-5617	When was the debt incurred?		
	Number Street City State Zip Code	s: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify		
	Credence Resource Management,		F704	\$0.404.00
4.7	LLC Nonpriority Creditor's Name	Last 4 digits of account number	5764	\$2,104.00
	17000 Dallas Pkwy Ste 204	When was the debt incurred?	2019-11	
	Dallas, TX 75248-1940 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐Yes	Other. Specify		

	r 1 Johnson, Dennis Lamont & John r 2 Renee	son, veronica	Case number (f known)	
4.8	Credit Collection Services	Last 4 digits of account number		\$713.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	725 Canton St Norwood, MA 02062-2679	_		
	Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one. Debtor 1 only			
	Debtor 2 only	Contingent		
		Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.9	Credit Management, Lp	Last 4 digits of account number	6862	\$832.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 118288	When was the debt incurred?	2019-01	·
	Carrollton, TX 75011-8288 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin		
	☐Yes	Other. Specify		
4.10	David R. Herrmann	Last 4 digits of account number	2760	\$1,087.00
	Nonpriority Creditor's Name	_		. ,
	706 Court St Evansville, IN 47708-1928	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• ,	,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	Student loans		
	debt	☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐Yes	Other. Specify		

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Debto Debto	r 1 Johnson, Dennis Lamont & Johnson Renee	son, Veronica	Case number (f known)	
4.11	Debt Recovery Solution	Last 4 digits of account number	8220	\$512.00
	Nonpriority Creditor's Name Attn: Bankruptcy 6800 Jericho Tpke Ste 113E Syosset, NY 11791-4401	When was the debt incurred?	2019-12	V 0.1100
	Number Street City State Zip Code Who incurred the debt? Check one.	is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.12	Diamond Valley Fcu Nonpriority Creditor's Name	Last 4 digits of account number	2143	\$585.00
	Nonphonty Creditor's Name	When was the debt incurred?	2018-12-20	
	840 E Diamond Ave Evansville, IN 47711-3420			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.13	Emergency Prof of Indiana PC Nonpriority Creditor's Name	Last 4 digits of account number		\$1,280.00
	recipitotity ordator o realite	When was the debt incurred?		
	PO Box 635004 Cincinnati, OH 45263-5004			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	_			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	·	5 , c c dobio	
	□ 162	Other. Specify		

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Debto Debto	r 1 Johnson, Dennis Lamont & Johnson Renee	on, Veronica	Case number (f known)		
4.14	Enhanced Recovery Corp	Last 4 digits of account number	1847	\$111.00	
	Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Rd	When was the debt incurred?	2017-11	VIII.00	
	Jacksonville, FL 32256-7412 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
4.15	Evansville Radiology, PC Nonpriority Creditor's Name	Last 4 digits of account number		\$426.00	
	Tonphony Graner a Hame	When was the debt incurred?			
	350 W Columbia St Ste 420 Evansville, IN 47710-1782				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
	Evansville Vanderburgh School			4000.00	
4.16	Corp Nonpriority Creditor's Name	Last 4 digits of account number	<u>4543</u>	\$266.00	
	c/o Alexander Race Scates 108 NW Martin Luther King Jr Blvd	When was the debt incurred?			
	Evansville, IN 47708-1950 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	_			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other, Specify			

otor 2 Renee		Case number (f known)		
Freedom Medical East	Last 4 digits of account number		\$252.00	
Nonpriority Creditor's Name	When was the debt incurred?			
701 Garfield Ave Evansville, IN 47710-1771				
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts		
Yes	Other. Specify			
Hoosier Accounts Services	Last 4 digits of account number	9124	\$1,135.00	
Nonpriority Creditor's Name	_		ψ1,100100	
PO Box 4007	When was the debt incurred?			
Evansville, IN 47724-0007				
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify			
Ic System, Inc	Last 4 digits of account number	8866	\$369.00	
Nonpriority Creditor's Name	_		Ψ000.00	
Attn: Bankruptcy PO Box 64378	When was the debt incurred?	2019-12		
Saint Paul, MN 55164-0378 Number Street City State Zip Code	As of the date you file, the claim	in Check all that apply		
Who incurred the debt? Check one.	As of the date you me, the claim	s. Offect all that apply		
☐ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a sepa			
Is the claim subject to offset?	report as priority claims			
No	Debts to pension or profit-sharing	g plans, and other similar debts		
Yes	Other. Specify			

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Debto Debto	Johnson, Dennis Lamont & Johnson, Veronica Renee Case number (f known)				
4.20	J.D. Byrider/CNAC	Last 4 digits of account number	9770	\$4,523.00	
	Nonpriority Creditor's Name Attn: Bankruptcy 12802 Hamilton Crossing Blvd Carmel, IN 46032-5424	When was the debt incurred?	2015-07-31	Ψ+,323.00	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not		
	■ No □ Yes	report as priority claims Debts to pension or profit-sharin Other. Specify	g plans, and other similar debts		
4.21	Med-1 Solutions, LLC Nonpriority Creditor's Name	Last 4 digits of account number	9887	\$627.00	
	517 US Highway 31 N Greenwood, IN 46142-3932 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated			
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim: ration agreement or divorce that you did not		
	Is the claim subject to offset? ■ No □ Yes	report as priority claims Debts to pension or profit-sharin Other. Specify			
4.22	MPCS	Last 4 digits of account number	7203	\$338.00	
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1116	When was the debt incurred?	2015-12		
	Newburgh, IN 47629-1116 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only ■ Debtor 2 only	Contingent			
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loans	ration agreement or divorce that you did not		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	g plans, and other similar debts		

1 Johnson, Dennis Lamont & Johns 2 Renee	son, veronica	Case number (f known)	
MPCS	Last 4 digits of account number	1948	\$126.00
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1116	When was the debt incurred?	2016-10	
Newburgh, IN 47629-1116			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
MPCS	Last 4 digits of account number	5777	\$188.00
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1116	When was the debt incurred?	2019-02	
Newburgh, IN 47629-1116 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
Progressive Leasing	Last 4 digits of account number		\$1,500.00
Nonpriority Creditor's Name	When was the debt incurred?		
256 W Data Dr	Times was the dest meaned.		
Draper, UT 84020-2315	_		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	g plans, and other similar debts	
□ Yes	<u> </u>	g para, and only similar doors	
L Tes	Other Specify		

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Ray of Smile Family Dentistry Nonpriority Creditor's Name	Last 4 digits of account number		\$172.
Nonphonty Creditor's Name	When was the debt incurred?		
2038 Lincoln Ave			
Evansville, IN 47714-1561			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only			
Debtor 2 only	☐ Contingent		
•	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community debt	☐ Student loans		
Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes			
Yes	Other. Specify		
Receivables Management Partners			
(Rmp)	Last 4 digits of account number	3425	\$4,320.
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	2019-06	
8085 Knue Rd	when was the dept incurred:	2019-00	
Indianapolis, IN 46250-1921			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?		ration agreement or divorce that you did not	
No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
■ No □ Yes		g plans, and other similar debts	
Li Tes	Other. Specify		
St. Vincent Evansville	Last 4 digits of account number		\$8,091.
Nonpriority Creditor's Name	When was the debt incurred?		
10330 N Meridian St	when was the dept mouned:		
Indianapolis, IN 46290-1024 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that annly	
Who incurred the debt? Check one.	As of the date you me, the dam	S. Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
_	Student loans		
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	action agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
— 100			

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Johnson, Dennis Lamont & Johnson, Veronica Debtor 2 Renee		Case number (f known)		
have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.				
Name and Address	On which entry in Part 1 or Part 2 c			
Alcoa Billing Center 3429 Regal Dr	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
Alcoa, TN 37701-3265		■ Part 2: Creditors with Nonpriority Unsecured Claims		
·	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 c	· _		
Alexander Race Scates	Line 4.16 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims		
108 NW Martin Luther King Jr Blvd Evansville, IN 47708-1950		■ Part 2: Creditors with Nonpriority Unsecured Claims		
,	Last 4 digits of account number	4543		
Name and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?		
Allstate Property & Casualty Ins Co	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
PO Box 4310 Carol Stream, IL 60197-4310		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Carol Stream, IL 00197-4310	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?		
American Medical Response	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
950 E Virginia St Evansville, IN 47711-5645		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Evansvine, in 47711-3043	Last 4 digits of account number	82N1		
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?		
Angela Diane Chapman	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
315 State St		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Newburgh, IN 47630-1231	Last 4 digits of account number	9124		
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?		
AT&T Mobility	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
PO Box 536216		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Atlanta, GA 30353-6216	Last 4 digits of account number	5764		
Name and Address	On which entry in Part 1 or Part 2 c	did you list the original creditor?		
Avante	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
3600 S Gessner Rd		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Houston, TX 77063-5184	Last 4 digits of account number	5070		
Name and Address	On which entry in Part 1 or Part 2 c	fid you list the original creditor?		
Business Revenue Systems, Inc.	Line 4.15 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
PO Box 579		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Burlington, IA 52601-0579	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?		
Cash-Pro Inc	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
101 Plaza East Blvd		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Evansville, IN 47715-2870	Last 4 digits of account number	8815		
Name and Address	On which entry in Part 1 or Part 2 or	tid you list the original creditor?		
Charter Communications	Line 4.14 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
400 Atlantic St FI 10		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Stamford, CT 06901-3512	Last 4 digits of account number	1847		
Name and Address	On which entry in Part 1 or Part 2 c			
Check Into Cash	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
151 N Gardenmile Rd Ste 113		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Henderson, KY 42420-5543	Last 4 digits of account number	8220		

Debtor 2 Renee		Case number (f known)		
Name and Address Choice Recovery 1105 Schrock Rd	On which entry in Part 1 or Part 2 Line <u>4.3</u> of (<i>Check one</i>):	did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims		
Columbus, OH 43229-1146	Last 4 digits of account number	9199		
Name and Address Clovis E. Manley, MD 4943 Rosebud Ln Newburgh, IN 47630-9226	On which entry in Part 1 or Part 2 Line 4.24 of (Check one):	did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims		
5 /	Last 4 digits of account number	5777		
Name and Address Cnac - In116 7400 N Shadeland Ave Indianapolis, IN 46250-2084	On which entry in Part 1 or Part 2 Line 4.20 of (Check one): Last 4 digits of account number	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims		
		9770		
Name and Address Colonial Auto Finance/ 802 SE Plaza Ave	On which entry in Part 1 or Part 2 Line <u>4.4</u> of (<i>Check one</i>):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Bentonville, AR 72712-7772	Last 4 digits of account number	5803		
Name and Address Commonwealth Financial 245 Main St	On which entry in Part 1 or Part 2 Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
Scranton, PA 18519-1641	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims 82N1		
Name and Address	On which entry in Part 1 or Part 2			
Complete Billing Services PO Box 1230	Line 4.27 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
Evansville, IN 47706-1230	Last 4 digits of account number	3425		
Name and Address Courtney M Gaber 517 US Highway 31 N	On which entry in Part 1 or Part 2 Line 4.21 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Greenwood, IN 46142-3932	Last 4 digits of account number	9887		
Name and Address Credence Resource Mana PO Box 2300	On which entry in Part 1 or Part 2 Line 4.7 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Southgate, MI 48195-4300	Last 4 digits of account number	5764		
Name and Address	On which entry in Part 1 or Part 2			
Credit Management Lp 6080 Tennyson Pkwy	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Plano, TX 75024-6001	Last 4 digits of account number	6862		
Name and Address Deaconess Health System PO Box 1230 Evansville, IN 47706-1230	On which entry in Part 1 or Part 2 Line 4.27 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	3425		
Name and Address Deaconess Hospital 600 Mary St Evansville, IN 47710-1658	On which entry in Part 1 or Part 2 Line 4.27 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	3425		

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Debtor 2 Renee	& Johnson, veronica Case number (if known)
Name and Address Dr. Barry W. Ray, DDS	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one):
2038 Lincoln Ave Evansville, IN 47714-1561	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Drs	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (<i>Check one</i>):
6800 Jericho Tpke	Part 2: Creditors with Nonpriority Unsecured Claims
Syosset, NY 11791-4436	Last 4 digits of account number 8220
Name and Address Enhanced Recovery Co L	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one):
PO Box 57547 Jacksonville, FL 32241-7547	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 1847
Name and Address Evansville Family Dentistry	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one):
1220 Washington Ave Evansville, IN 47714-1931	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 9199
Name and Address Hoosier Accounts Services PO Box 4007	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Evansville, IN 47724-0007	Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Hoosier Accounts Services PO Box 4007	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Evansville, IN 47724-0007	Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
I.C. System, Inc PO Box 64378	Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Saint Paul, MN 55164-0378	Last 4 digits of account number 8866
Name and Address Kurt Alan Eckert	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one):
706 Court St Evansville, IN 47708-1928	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 2760
Name and Address Med-1 Solutions, LLC	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.27 of (Check one):
Dept 5618 PO Box 790126	■ Part 2: Creditors with Nonpriority Unsecured Claims
Saint Louis, MO 63179-0126	Last 4 digits of account number 3425
Name and Address Metlife Auto & Home	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one):
PO Box 41753	Part 2: Creditors with Nonpriority Unsecured Claims
Philadelphia, PA 19101-1753	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Mpcs 5055 Newburgh Plz	Line 4.22 of (Check one):
Newburgh, IN 47629	Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7203
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1 Johnson, Dennis Lamont & Johnson, Veronica Debtor 2 Renee Case number (fr known)			
Mpcs	Line 4.23 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
5055 Newburgh Plz		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Newburgh, IN 47629	Last 4 digits of account number	1948	
Name and Address	On which entry in Part 1 or Part 2 d		
Mpcs	Line 4.24 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
5055 Newburgh Plz Newburgh, IN 47629		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	5777	
Name and Address	On which entry in Part 1 or Part 2 d	· ·	
R1 Medical Financial Solutions 3700 Washington Ave	Line <u>4.28</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
Evansville, IN 47714-0541		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 d		
Receivables Management 1312 W Westridge Pkwy	Line 4.27 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Greensburg, IN 47240-3251		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	3425	
Name and Address	On which entry in Part 1 or Part 2 d	· _ •	
Southern Indiana Imaging Consultants, PC	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Box 138		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Evansville, IN 47701-0138		=	
	Last 4 digits of account number	8815	
Name and Address	On which entry in Part 1 or Part 2 d	· ·	
Spectrum 1900 N Fares Ave	Line <u>4.19</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Evansville, IN 47711-3959		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	8866	
Name and Address	On which entry in Part 1 or Part 2 d	· _ •	
St. Vincent Evansville 10330 N Meridian St	Line <u>4.23</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
Indianapolis, IN 46290-1024		■ Part 2: Creditors with Nonpriority Unsecured Claims	
•	Last 4 digits of account number	1948	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
The Heart Group, P.C.	Line <u>4.22</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
PO Box 3316 Evansville, IN 47732-3316		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	7203	
Name and Address	On which entry in Part 1 or Part 2 d	,	
WOW! Internet-Cable-Phone PO Box 4350	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Carol Stream, IL 60197-4350		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	6862	
Part 4: Add the Amounts for Each Type	of Unsecured Claim		
6. Total the amounts of certain types of unsecu		tical reporting purposes only. 28 U.S.C. §159. Add the amounts for each	
type of unsecured claim.			
		Total Claim	

				rotal Olallii
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00

	hnson, enee	Dennis Lamont & Johnson, Veronica	Case nu	umber (if know	/n)
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Fotal claims From Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	43,700.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	43,700.00

Fill in th					
Debtor 1	Dennis Lamont J				
	First Name	Middle Name	Last Name		
Debtor 2	Veronica Renee				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF INDIANA, EVANSVILLE DIVISION		SION	
Case number _					
(if known)					☐ Check if this is a amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Dalehaven Estates
3700 Justus Ct
Evansville, IN 47714-5319

State what the contract or lease is for

Residential Lease
\$220.00 per month

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F	ill in this information to identify	your case:			
Debtor 1	Dennis Lamont Jo				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f	ling) Veronica Renee Jo First Name	ohnson Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF INDIANA, EVANSVIL	LE DIVISION	
Case nun	nber		☐ Check if this is an amended filing		
Officia	al Form 106H				
	dule H: Your Code	btors			12/15
1. Do	ber (if known). Answer every qu you have any codebtors? (If yo		do not list either spouse as a	a codebtor.	
■ No					
	thin the last 8 years, have you li ornia, Idaho, Louisiana, Nevada, N				states and territories include Arizona,
	o. Go to line 3. s. Did your spouse, former spouse	, or legal equivalent live	with you at the time?		
line 2 106D		person is a guaranto	or cosigner. Make sure	you have listed the cr	vith you. List the person shown in editor on Schedule D (Official Forn e E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and ZIP	Code		Column 2: The cree Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	2
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	<u> </u>
<u> </u>	Name			☐ Schedule E/F, line ☐ Schedule G, line	ne
	Number Street	0	7100 1	-	
	City	State	ZIP Code		

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							_			
	in this information to identify your									
De	btor 1 Dennis Lar	mont Johnson				_				
_	btor 2 Veronica R	enee Johnson				_				
Uni	ited States Bankruptcy Court for th	e: SOUTHERN DISTRIC	CT OF IND	IANA, EVANS	VILLE	_				
(lf kı	se number nown)		-				☐ A supp	ended filing element sho	g wing postpetition ollowing date:	chapter 13
_	fficial Form 106l						MM / E	D/ YYYY	_	
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ach a separate sheet to this form. The describe Employment	ur spouse is not filing wit On the top of any additio	h you, do	not include in	form	atior	about your s	pouse. If r	more space is ne	eded,
1.	Fill in your employment information.		Debtor	1			Deb	tor 2 or no	on-filing spouse	
	If you have more than one job,			■ Employed			■ E	mployed		
	attach a separate page with information about additional	Employment status	☐ Not €	☐ Not employed				ot employ	ed	
	employers.	Occupation	Produ	ction Opera	tor		Pat	ient Care	Attendant	
	Include part-time, seasonal, or self-employed work.	Employer's name	Berry	Berry Plastics Corporation			<u>Hor</u>	Horizons Home Care, Inc.		
	Occupation may include student homemaker, if it applies.	or Employer's address		akley St # 29 ville, IN 477		239			na Vista Rd St N 47710-5134	e 202
		How long employed the	nere?	3 months				6 mor	nths	
Pa	rt 2: Give Details About Mo	onthly Income								
	imate monthly income as of the cass you are separated.	late you file this form. If y	ou have no	thing to report	for an	y line	e, write \$0 in th	e space. In	clude your non-fili	ng spouse
	ou or your non-filing spouse have mo		bine the inf	ormation for all	emple	oyers	s for that perso	n on the line	es below. If you ne	eed more
							For Debtor 1		Debtor 2 or n-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	2,058.	98_ \$_	1,035.71	-
3.	Estimate and list monthly over	time pay.			3.	+\$	0.	<u>00 </u> +\$	0.00	<u>-</u>
4.	Calculate gross Income. Add li	ne 2 + line 3.			4.	\$	2,058.98	\$ \$	1,035.71	

Official Form 106l Schedule I: Your Income page 1

Debt Debt		Johnson, Dennis Lamont & Johnson, Veronica Renee	_	Case	number (<i>if known</i>)			
				For	Debtor 1		btor 2 or ing spouse	
	Сору	/ line 4 here	4.	\$	2,058.98	\$	1,035.71	
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	765.39	\$	119.56	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$		+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	765.39	\$	119.56	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,293.59	\$	916.15	
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		_	0.00	<u> </u>	0.00	
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	<u>*</u> —	0.00	\$	0.00	
	8e.	Social Security	8e.	\$_	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	1,293.59 + \$_	916	5.15 = \$ 2,209	.74
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not availy:	ependen		·			.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain					12. \$ 2,209	74
13.	Do y∈	ou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				Combined monthly incom	ie

Official Form 106l Schedule I: Your Income page 2

	· . (b.'. : .(Constant leading				•			
FIII	in this informa	tion to identify you	ur case:						
Deb	otor 1	Dennis Lamo	nt John	son			eck if this		
	otor 2 ouse, if filing)	Veronica Rer	nee Johr	nson			A supp		ing postpetition chapter 13 following date:
Unit	ted States Bankı	ruptcy Court for the:		ERN DISTRICT OF INDIA VILLE DIVISION	NA,		MM / D	DD / YYYY	
	e number nown)								
		orm 106J				J			
S	chedule	J: Your E	Expen	ses					12/1
info	ormation. If m		ded, attac n.	f two married people are h another sheet to this fo					
1.	Is this a joir								
	□ No. Go to								
	■ Yes. Doe	s Debtor 2 live in	ı a separa	te household?					
	■ N	-	t file Officia	al Form 106J-2, <i>Expenses</i> a	for Separate Househ	holdof Deb	tor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		De _l	pendent's	Does dependent live with you?
	Do not state dependents				son		11		□ No ■ Yes □ No
									☐ Yes ☐ No ☐ Yes ☐ No
3.	expenses of	penses include f people other th d your dependen	an ┌	No Yes					☐ Yes
Est exp	imate your ex		ur bankru	/ Expenses ptcy filing date unless yo is filed. If this is a suppl					
valı		sistance and hav		overnment assistance if dit on Schedule I: Your I				Your expe	enses
4.		or home ownersh		es for your residence. In ot.	clude first mortgage	4.	\$		220.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's,	or renter's	insurance		4a. 4b.	· —		0.00
		maintenance, rep				4c.	: —		0.00
		owner's association				4d.			0.00
5.	Additional r	nortgage payme	nts for yo	ur residence, such as hon	ne equity loans	5.	\$		0.00

	tor 1 tor 2 Johnson, Dennis Lamont & Johnson, Veronica Renee	Case num	ber (if known)	
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	190.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	600.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	100.00
10.	Personal care products and services	10.	\$	150.00
11.	Medical and dental expenses	11.	\$	60.00
12.	Transportation. Include gas, maintenance, bus or train fare.	40	Φ.	0.00
40	Do not include car payments.	12.	· —	
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	· · · · · · · · · · · · · · · · · · ·	100.00
	Charitable contributions and religious donations	14.	\$	250.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15b.	· ·	145.00
	15d. Other insurance. Specify:	15d.	·	
16	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	*	0.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.		0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106l). Other payments you make to support others who do not live with you.	10.	\$ ———	0.00
13.	Specify:	19.	Ψ	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Schedu		ır Income	
20.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	· · · · · · · · · · · · · · · · · · ·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e. Homeowner's association or condominium dues	20e.		0.00
21	Other: Specify: Gasoline		+\$	200.00
۷.,	Vehicle Maintenance		+\$	50.00
			Γ	30.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	2,215.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,215.00
23.	Calculate your monthly net income.			-
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,209.74
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	2,215.00
	23c. Subtract your monthly expenses from your monthly income.	00-	¢	-5.26
	The result is your monthly net income.	23c.	\$	-3.20

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Subject to Debtor's acceptance of a Chapter 7 Bankruptcy Post-petition Retainer Agreement, Debtor anticipates a temporary monthly, semimonthly, biweekly, or weekly expense necessary to pay the proposed post-petition attorney fees disclosed in 2016(b). As said expense is temporary, it is not itemized in Schedule J as it would give an inflated assessment of expenses of Debtor(s).

Fill in this in	formation to identify yo	our case:				
Debtor 1	Dennis Lamont J	ohnson				
	First Name	Middle Name	Las	st Name	 }	
Debtor 2	Veronica Renee	Johnson				
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRIC	T OF INDIAN	A, EVANSVILLE DIVISIO	N	
Case number						
(if known)						☐ Check if this is an
						amended filing
Official Forn	<u>n 106Dec</u>					
Declarat	ion About a	an Individus	al Debt	or's Schedu	ıles	12/15
Doorar at	TOTT / LOCAL C			01 0 0011040		12/13
f two married ne	onle are filing together	hoth are equally respe	nneihle for eu	pplying correct informa	tion	
ii two married pe	opic are ming together	, both are equally respe	moible for 5a	pprymig correct innorma		
						concealing property, or
	or property by fraud in 3 U.S.C. §§ 152, 1341, 1		kruptcy case	can result in fines up to	\$250,000, or in	nprisonment for up to 20
years, or both. It	0.0.0. 93 102, 1041, 1.	719, and 3371.				
Sign	n Below					
- 3						
Did you pay	v or agree to pay some	one who is NOT an atto	rnev to help v	you fill out bankruptcy f	orms?	
Dia you pa	y or agree to pay come			, ou im out build uptoy i	·····	
■ No						
					Number Denderman	D. CC D M. C
☐ Yes. N	lame of person					ry Petition Preparer's Notice, Signature (Official Form 119)
				•	scolaration, and	Signature (Cindian Cinn 175)
	ty of perjury, I declare to true and correct.	that I have read the sun	nmary and sc	hedules filed with this d	leclaration and	
X Iol Don	nis Lamont Johnso	n	Y	/s/ Veronica Renee	lohnson	
	inis Lamont Johnson Lamont Johnson	<u> </u>	^	Veronica Renee Jol		
	e of Debtor 1			Signature of Debtor 2	1113011	
2.3.16.6				- 3		

Date **March 5, 2020**

Date March 5, 2020

	Fill in this	information to ident	fy your case:					
De	ebtor 1	Dennis Lamont First Name	Johnson Middle Name	Logi	Name			
De	ebtor 2	Veronica Renee		Lasi	Name	1		
1 1	ouse if, filing)	First Name	Middle Name	Last	Name	_		
Un	nited States Ban	nkruptcy Court for the:	SOUTHERN DISTRICT ()F INDIAN <i>F</i>	ι, EVANSVILLE Γ	DIVISION		
Ca	se number							
(if k	known)						_	neck if this is an
							an	nended filing
_								
	fficial For							
St	atement	of Financial	Affairs for Individ	duals F	iling for B	Bankruptcy		4/1
			ole. If two married people ar					
		ore space is needed, er every question.	attach a separate sheet to the	nis form. O	n the top of any	additional pages, w	rite your n	ame and case number
`_	<u> </u>	, .	wital Ctatus and Whans Vari	Lived Defe				
Pa	rt 1: Give D	etalis About Your Ma	rital Status and Where You	Livea Bero	re			
1.	What is your	current marital statu	s?					
	Married							
	□ Not marr	ried						
2.	During the la	st 3 years have you	lived anywhere other than v	where you i	ive now?			
	_	ist o years, nave you	iived dily where other than t	mere your	ive now.			
	□ No				_			
	■ Yes. List	all of the places you live	ved in the last 3 years. Do not	nclude whe	re you live now.			
	Debtor 1 Pri	or Address:	Dates Debtor 1 there	lived [Debtor 2 Prior Ac	ldress:		Dates Debtor 2 lived there
	821 E Park Evansville	dand Ave , IN 47711-3437	From-To: 11/2017 - 5/20		Same as Debtor	1		■ Same as Debtor 1 From-To:
	813 Taylor	· Ave	From-To:		Same as Debtor			Same as Debtor 1
		, IN 47713-2671	3/2015 - 10/20		■ Same as Deptor	1		From-To:
3. stat	tes and territorie	es include Arizona, Ca	rer live with a spouse or leg ifornia, Idaho, Louisiana, Nev edule H: Your Codebtors (Offi	vada, New N	/lexico, Puerto Ri			
		-	`					
Pa	rt 2 Explain	n the Sources of You	r Income					
4.	Fill in the total	I amount of income yo	nployment or from operating u received from all jobs and a nave income that you receive to	all businesse	es, including part-	time activities.	us calenda	r years?
	Л No	-	•		•			
		in the details.						
	- 165. FIII	in the uctalls.						
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	Gross in (before of exclusion	deductions and	Sources of incon Check all that app		Gross income (before deductions and exclusions)

Debtor 1 Debtor 2 Johnson, Dennis Lamo	ont & Johnson, Veronica	Renee Case	e number (if known)	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,466.15	■ Wages, commissions, bonuses, tips	\$2,112.88
	☐ Operating a business		☐ Operating a business	
For last calendar year: (January 1 to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$10,790.00	☐ Wages, commissions, bonuses, tips	\$0.00
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$11,581.00	☐ Wages, commissions, bonuses, tips	\$0.00
	☐ Operating a business		☐ Operating a business	
□ No■ Yes. Fill in the details.	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	2019 Federal Income Tax Refund	exclusions) \$4,891.00		,
For last calendar year: (January 1 to December 31, 2019)	2018 Federal Income Tax Refund	\$3,932.00		
For the calendar year before that: (January 1 to December 31, 2018)	2017 Federal Income Tax Refund	\$4,000.00	-	
6. Are either Debtor 1's or Debtor 2' ☐ No. Neither Debtor 1 nor D individual primarily for a		debts? mer debts. Consumer debts a purpose."	are defined in 11 U.S.C. § 101(8) as "incurred by an
No. Go to line 7 Yes List below e creditor. Do	zach creditor to whom you paid	a total of \$6,825* or more in o	ne or more payments and the to	

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

	otor 1 btor 2 Johnson, Dennis Lamont & Joh	nson, Veronica Renee	Cas	e number (if known)	
	Yes. Debtor 1 or Debtor 2 or both have During the 90 days before you filed f	•		\$600 or more?	
	■ No. Go to line 7.				
					paid that creditor. Do not include t include payments to an attorney for
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
7.	Within 1 year before you filed for bankruptcy Insiders include your relatives; any general partny which you are an officer, director, person in contibusiness you operate as a sole proprietor. 11 U.S ■ No □ Yes. List all payments to an insider.	ers; relatives of any general rol, or owner of 20% or more	partners; partnership e of their voting secu	os of which you are rities; and any man	a general partner; corporations of aging agent, including one for a
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this payment
			paid	still owe	
8.	Within 1 year before you filed for bankruptcy insider? Include payments on debts guaranteed or cosign ■ No □ Yes. List all payments to an insider		nents or transfer an	y property on acc	count of a debt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for this payment Include creditor's name
Pa	rt 4: Identify Legal Actions, Repossessions	and Foroclosures	paid	Still Owe	include creditor's name
9.	Within 1 year before you filed for bankruptcy List all such matters, including personal injury ca and contract disputes.	y, were you a party in any			
	□ No■ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	DAVID A HERRMANN v. DENNIS LAMONT JOHNSON, VERONICA RENEE JOHNSON 82D01-1905-SC-002760	Small Claims	Vanderburgh S Court 825 Sycamore Evansville, IN	St	■ Pending □ On appeal □ Concluded
	Evansville Vanderburgh School Corporation v. Veronica Johnson 82D05-1907-SC-004543	Small Claims	Vanderburgh S Court 5 825 Sycamore Evansville, IN 4	St	■ Pending□ On appeal□ Concluded
	HOOSIER ACCOUNTS SERVICE v. VERONICA R JOHNSON 82D01-1811-SC-009124	Small Claims	Vanderburgh Superior Court 825 Sycamore St Evansville, IN 47708-1810		■ Pending □ On appeal □ Concluded
	Med-1 Solutions v. DENNIS JOHNSON 82D01-1812-SC-009887	Small Claims	Vanderburgh S Court 825 Sycamore Evansville, IN	St	■ Pending □ On appeal □ Concluded

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	Johnson, Dennis Lamont & John	nson, Veronica Renee	Case number (if known)	
10.	Within 1 year before you filed for bankruptc: Check all that apply and fill in the details below		ssed, foreclosed, garnished, attached	, seized, or levied?
	_			
	No. Go to line 11.			
	Yes. Fill in the information below.		_	
	Creditor Name and Address	Describe the Property	Date	Value of the property
		Explain what happened		property
	J.D. Byrider/CNAC	2010 Dodge Avenger	8/2019	\$4,523.00
	12802 Hamilton Crossing Blvd			
	Carmel, IN 46032-5424	Property was repossessed.		
		☐ Property was foreclosed.☐ Property was garnished.		
		☐ Property was attached, seized or le	vied.	
	Within 90 days before you filed for bankrupt accounts or refuse to make a payment becar No Yes. Fill in the details.		,	•
	Creditor Name and Address	Describe the action the creditor too	Date action was taken	Amount
	court-appointed receiver, a custodian, or an	other official:		
	■ No □ Yes			
Pa	_			
	☐ Yes	cy, did you give any gifts with a total	value of more than \$600 per person?	
	Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupte No	cy, did you give any gifts with a total	value of more than \$600 per person?	
	Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupto	cy, did you give any gifts with a total	value of more than \$600 per person?	
	Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupte No		value of more than \$600 per person? Dates you gave the gifts	Value
	Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupto No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per		Dates you gave	
13.	Tt 5: List Certain Gifts and Contributions Within 2 years before you filed for bankrupte No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 person Person to Whom You Gave the Gift and	er Describe the gifts	Dates you gave the gifts	Value
13.	T Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupte No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 person Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankrupte	er Describe the gifts cy, did you give any gifts or contribu	Dates you gave the gifts	Value
13.	Tes List Certain Gifts and Contributions Within 2 years before you filed for bankrupte No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 person Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankrupte	Describe the gifts cy, did you give any gifts or contributoution.	Dates you gave the gifts tions with a total value of more than \$	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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	otor 1 Johnson, Dennis Lamont & J	ohnsor	n, Veronica Renee	Case number(if known)	
	or gambling?					
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: F	ist pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers		ce dains on the 33 diochedule A.B. I	roperty.		
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pre	ptcy, did preparing	g a bankruptcy petition?			y to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	The Law Offices of Dax J. Miller, Ll 201 NW 4th St Ste 111 Evansville, IN 47708-1356 daxjmiller.com	LC	\$1,000.00 - Court Filing Fee \$3 Credit Reports \$66.00, Credit Counseling \$19.52, Attorney F \$579.48	•	3/5/2020	\$1,000.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that your No Yes. Fill in the details.	litors or	to make payments to your creditors	oehalf pay or ?	transfer any propert	y to anyone who
	Person Who Was Paid Address		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you include both outright transfers and transfers gifts and transfers that you have already liste No Yes. Fill in the details.	r busine made as	ss or financial affairs? security (such as the granting of a secu			
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you			para in ox	g	
19.	Within 10 years before you filed for bank beneficiary? (These are often called asset-you have a set-you have a			lf-settled trus	st or similar device of	which you are a
	Name of trust		Description and value of the prope	rty transferre	ed	Date Transfer was made

	Johnson, Dennis Lamont & Jo	Case number (if known)								
Pa	rt 8: List of Certain Financial Accounts, In	nstruments, Safe Depos	it Boxes, and Sto	orage Unit	s					
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. Name of Financial Institution and	or other financial accor ociations, and other fina	unts; certificates ancial institutions	of deposi	, ,					
	Address (Number, Street, City, State and ZIP Code)	account number	Last 4 digits of account number Type of account instrument		closed, sold, moved, or transferred	closing or transfer				
	Diamond Valley FCU 840 E Diamond Ave Evansville, IN 47711-3420	XXXX-	■ Checking □ Savings □ Money Ma □ Brokerage □ Other		Closed - 10/2019	\$-584.00				
21.	 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. 									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)		e the contents	Do you still have it?				
22.	Have you stored property in a storage unit ■ No □ Yes. Fill in the details.	t or place other than you	ur home within 1	year befor	re you filed for bankrupto	ey?				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?	Address (Number, Street, City, State		e the contents	Do you still have it?				
Pa	rt 9: Identify Property You Hold or Contro	ol for Someone Else								
23.	Do you hold or control any property that s someone.	omeone else owns? Inc	lude any propert	y you bor	rowed from, are storing f	or, or hold in trust for				
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, Cit Code)		Describe	e the property	Value				
Pa	rt 10: Give Details About Environmental In	formation								
For	the purpose of Part 10, the following definit	ions apply:								
	Environmental law means any federal, stat toxic substances, wastes, or material into controlling the cleanup of these substance	the air, land, soil, surfac		• .						
	Sito moons any location facility or proper	ty as defined under any	onvironmental I	aw whath	or vou now own operate	or utiliza it or used to				

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

	Johnson, Dennis Lamont & John	nson, Veronica Renee	Case number (if known)							
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of a	any release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
	■ No									
	☐ Yes. Fill in the details.									
Do	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Pa	rt 11: Give Details About Your Business or C	Connections to Any Business								
27.	Within 4 years before you filed for bankrupto	v. did vou own a business or have anv	of the following connections to any	business?						
	☐ A sole proprietor or self-employed in	• •								
	☐ A member of a limited liability compa	any (LLC) or limited liability partnership	(LLP)							
	☐ A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	,							
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	No. None of the above applies. Go to Part 12.									
	☐ Yes. Check all that apply above and fill i									
	Business Name	Describe the nature of the business	Employer Identification numb	er						
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security							
		·	Dates business existed							
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	y, did you give a financial statement to	anyone about your business? Inclu	ude all financial						
	■ No									
	☐ Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued								
Pa	rt 12: Sign Below									
true ban	e and correct. I understand that making a false akruptcy case can result in fines up to \$250,000 U.S.C. §§ 152, 1341, 1519, and 3571.	statement, concealing property, or obt	aining money or property by fraud i							
/s/	Dennis Lamont Johnson	/s/ Veronica Renee Johns	on							
	ennis Lamont Johnson gnature of Debtor 1	Veronica Renee Johnson Signature of Debtor 2								
Dat	te March 5, 2020	Date <u>March 5, 2020</u>								

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Debtor 1 Debtor 2	Johnson, Dennis Lamont & Johnson, Veronica Renee	Case number (if known)
■ No	ach additional pages to Your Statement of Financial Affairs for Individua	Is Filing for Bankruptcy (Official Form 107)?
☐ Yes		
Did you pa	y or agree to pay someone who is not an attorney to help you fill out bar	kruptcy forms?
■ No		
Yes. Na	me of Person Attach the Bankruptcy Petition Preparer's Notice, Declar	ration, and Signature (Official Form 119).

	Fill in this information to ident	ify your case:			
Debtor 1	Dennis Lamont	Johnson Middle Name	Last Name		
Debtor 2	Veronica Renee	Johnson		(
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA, EVANSVILLE DIVISIO	<u>N</u>	
Case nur	nber			☐ Check if this is amended filing	an
	al Form 108 ment of Intention	on for Individ	uals Filing Under C	Chapter 7	12/15
	an individual filing under cha		nis form if:		
You must		ithin 30 days after you file	ired. le your bankruptcy petition or by the for cause. You must also send copi		
	ried people are filing together and date the form.	in a joint case, both are e	equally responsible for supplying co	orrect information. Both debtors mu	ıst sign
Do oo oo	anlata and accurate as nessib	la If mara anasa ia nasala	ad attack a concrete chart to this fo	rm. On the ten of any additional na-	700

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

information below.		
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
B 111 (☐ Retain the property and enter into a Reaffirmation	☐ Yes
Description of	Agreement.	
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's		
	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	□Yes
Description of	☐ Retain the property and enter into a <i>Reaffirmation</i> Agreement.	⊔ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	Currender the property	□ No
name:	☐ Surrender the property.	□ NO
name.	Retain the property and redeem it.	□Yes
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	□ 1es
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
	= carronadi ino proporty.	

	btor 1 btor 2 Johnson, Dennis Lamont & Johnson, Vero	onica Renee Case number (if known)	
r	name:	☐ Retain the property and redeem it.	Yes
г	Description of	Retain the property and enter into a <i>Reaffirmation</i>	
	property	Agreement. ☐ Retain the property and [explain]:	
S	securing debt:		
Par	tt 2: List Your Unexpired Personal Property Leases		
the i		Schedule G: Executory Contracts and Unexpired Leases (Ced leases are leases that are still in effect; the lease period stee does not assume it. 11 U.S.C. § 365(p)(2).	
Des	scribe your unexpired personal property leases	Will the	lease be assumed?
Les	ssor's name:	□ No	
	scription of leased operty:	☐ Yes	
	1-3		
	ssor's name: scription of leased	□ No	
	operty:	☐ Yes	
Les	ssor's name:	□ No	
	scription of leased operty:	☐ Yes	
	7	Li Tes	
	ssor's name: scription of leased	□ No	
	pperty:	☐ Yes	
Les	ssor's name:	□ No	
	scription of leased operty:	☐ Yes	
	ssor's name: scription of leased	□ No	
	operty:	☐ Yes	
	ssor's name:	□ No	
	scription of leased operty:	□ Yes	
D	O'm Pulm		
Par	rt 3: Sign Below		_
	ler penalty of perjury, I declare that I have indicated my in perty that is subject to an unexpired lease.	ntention about any property of my estate that secures a dek	ot and any personal
X	/s/ Dennis Lamont Johnson	X /s/ Veronica Renee Johnson	
	Dennis Lamont Johnson Signature of Debtor 1	Veronica Renee Johnson	
	Signature of Debiot 1	Signature of Debtor 2	
	Date March 5, 2020	Date March 5, 2020	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana, Evansville Division

In re	Johnson, Dennis Lamont & Johnson, Veronica Renee		
	Debtor(s)	Chapter	7

	Debtor(s) Chapter 7
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept \$ 1,229.48
	Prior to the filing of this statement I have received \$ 578.48
	Balance Due \$ 651.00
2.	The source of the compensation paid to me was:
	■ Debtor □ Other (specify):
3.	The source of compensation to be paid to me is:
	■ Debtor □ Other (specify):
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed]
	Cost and Fees paid prior to filing are done so pursuant to a pre-petition retainer executed prior to filing and are for services rendered pre-petition only and include legal advice, obtaining credit reports, reviewing income and documents, preparing the voluntary petition (Official Form 101), statement of current monthly income (Form 122A-1), schedules, statement of financial affairs, statement of social security number, pay advices and the credit counseling certificate and the filing of the voluntary petition (Official Form 101).

Fees paid post-petition are done so pursuant to a post-petition retainer that has been executed after the filing of the petition and are for services rendered post-petition and include the filing of forms 122A-1, 122A-2, Summary of Schedules, Schedules, Statement of Intention, Statement of Financial Affairs, 2016-B Disclosure, Credit Matrix, Statement of Social Security Number and Credit Counseling Certificate, post-petition legal advice via phone consultations, in-office consultations, and/or email correspondence, assisting clients in obtaining and submitting documentation and information to the Chapter 7 Trustee, attending one 341 Meeting of Creditors, filing/sending Suggestions/Notices of Bankruptcy, negotiating buy backs of personal property or compromises with the Chapter 7 Trustee, attending 2004 Examinations or hearings routine to a typical Chapter 7 Bankruptcy (does not include hearings resulting from Client(s) prior failure to comply with provisions of the Bankruptcy Code, Bankruptcy Rules, or Local Rules), authorization letters to creditors, filing of Debtor Education certificates, and completion and submission of reaffirmations agreements.

Aforementioned fees do not include services required due to failure of Debtor(s) to disclose information regarding assets, liabilities, answers related to the Statement of Financial Affairs, timely provide documents or information to Counsel, the Chapter 7 Trustee, US Trustee or creditor. If the Debtor(s) cause(s) the issue and ...

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

...(continued) it's not a natural consequence of the case then then Counsel reserves the right to charge additional fees. If additional fees are incurred, Counsel will file an amended fee disclosure for any additional fees charged/incurred for post-petition services. If the Debtor(s) decide(s) not to retain Counsel or later cancel(s) the Post-Petition agreement, Counsel will amend this disclosure. Should the post-petition retainer be cancelled/rescinded, Counsel remains attorney-of-record until such time that this Court enters an Order Granting Counsel's Motion to Withdraw as Counsel.

In re	Johnson, Dennis Lamont & Johnson, Veronica Renee	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete s this bankruptcy proceeding.	tatement of any agreement or arrangement for payment to me for representation of the debtor(s) in
March 5, 2020	/s/ Dax J. Miller
Date	Dax J. Miller
	Signature of Attorney
	The Law Offices of Dax J. Miller, LLC
	201 NW 4th St Ste 111
	Evansville, IN 47708-1356
	(812) 463-3909
	dax@daxjmiller.com
	Name of law firm

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United States Bankruptcy Court Southern District of Indiana, Evansville Division

IN RE:		Case No.
Johnson, Dennis Lamont & Johnson	, Veronica Renee	Chapter 7
	Debtor(s)	
	VERIFICATION OF CREDITOR MA	ΓRIX
The above named debtor(s) hereby ve	erify(ies) that the attached matrix listing credi	tors is true to the best of my(our) knowledge.
Date: March 5, 2020	Signature: /s/ Dennis Lamont Johnson	
	Dennis Lamont Johnson	Debtor
Date: March 5, 2020	Signature: /s/ Veronica Renee Johnson	
	Veronica Renee Johnson	Joint Debtor, if any

Alcoa Billing Center 3429 Regal Dr Alcoa, TN 37701-3265

Alexander Race Scates 108 NW Martin Luther King Jr Blvd Evansville, IN 47708-1950

Allstate Property & Casualty Ins Co PO Box 4310 Carol Stream, IL 60197-4310

American Medical Response 950 E Virginia St Evansville, IN 47711-5645

Angela Diane Chapman 315 State St Newburgh, IN 47630-1231

AT&T Mobility PO Box 536216 Atlanta, GA 30353-6216

Avante 3600 S Gessner Rd Houston, TX 77063-5184 Avanteusa Ltd. 3600 S Gessner Rd Ste 225 Houston, TX 77063-5357

Business Revenue Systems, Inc. PO Box 579
Burlington, IA 52601-0579

Cash-Pro Inc 101 Plaza East Blvd Evansville, IN 47715-2870

Cash-Pro, Inc Attn: Bankruptcy PO Box 5469 Evansville, IN 47716-5469

Charter Communications 400 Atlantic St Fl 10 Stamford, CT 06901-3512

Check Into Cash 151 N Gardenmile Rd Ste 113 Henderson, KY 42420-5543

Choice Recovery 1105 Schrock Rd Columbus, OH 43229-1146 Choice Recovery
Attn: Bankruptcy
1550 Old Henderson Rd Ste 100
Columbus, OH 43220-3626

Clovis E. Manley, MD 4943 Rosebud Ln Newburgh, IN 47630-9226

Cnac - In116 7400 N Shadeland Ave Indianapolis, IN 46250-2084

Colonial Auto Finance 802 SE Plaza Ave Ste 200 Bentonville, AR 72712-3220

Colonial Auto Finance/ 802 SE Plaza Ave Bentonville, AR 72712-7772

Commonwealth Financial 245 Main St Scranton, PA 18519-1641

Commonwealth Financial Systems Attn: Bankruptcy 245 Main St Dickson City, PA 18519-1641 Complete Billing Services PO Box 1230 Evansville, IN 47706-1230

Courtney M Gaber 517 US Highway 31 N Greenwood, IN 46142-3932

Crane Credit Union 1 W Gate Dr Odon, IN 47562-5617

Credence Resource Mana PO Box 2300 Southgate, MI 48195-4300

Credence Resource Management, LLC 17000 Dallas Pkwy Ste 204 Dallas, TX 75248-1940

Credit Collection Services 725 Canton St Norwood, MA 02062-2679

Credit Management Lp 6080 Tennyson Pkwy Plano, TX 75024-6001

Credit Management, Lp Attn: Bankruptcy PO Box 118288 Carrollton, TX 75011-8288

David R. Herrmann 706 Court St Evansville, IN 47708-1928

Deaconess Health System PO Box 1230 Evansville, IN 47706-1230

Deaconess Hospital 600 Mary St Evansville, IN 47710-1658

Debt Recovery Solution Attn: Bankruptcy 6800 Jericho Tpke Ste 113E Syosset, NY 11791-4401

Diamond Valley Fcu 840 E Diamond Ave Evansville, IN 47711-3420

Dr. Barry W. Ray, DDS 2038 Lincoln Ave Evansville, IN 47714-1561 Drs 6800 Jericho Tpke Syosset, NY 11791-4436

Emergency Prof of Indiana PC PO Box 635004 Cincinnati, OH 45263-5004

Enhanced Recovery Co L PO Box 57547 Jacksonville, FL 32241-7547

Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Rd Jacksonville, FL 32256-7412

Evansville Family Dentistry 1220 Washington Ave Evansville, IN 47714-1931

Evansville Radiology, PC 350 W Columbia St Ste 420 Evansville, IN 47710-1782

Evansville Vanderburgh School Corp c/o Alexander Race Scates 108 NW Martin Luther King Jr Blvd Evansville, IN 47708-1950 Freedom Medical East 701 Garfield Ave Evansville, IN 47710-1771

Hoosier Accounts Services PO Box 4007 Evansville, IN 47724-0007

I.C. System, Inc
PO Box 64378
Saint Paul, MN 55164-0378

Ic System, Inc Attn: Bankruptcy PO Box 64378 Saint Paul, MN 55164-0378

J.D. Byrider/CNAC Attn: Bankruptcy 12802 Hamilton Crossing Blvd Carmel, IN 46032-5424

Kurt Alan Eckert 706 Court St Evansville, IN 47708-1928

Med-1 Solutions, LLC 517 US Highway 31 N Greenwood, IN 46142-3932 Med-1 Solutions, LLC Dept 5618 PO Box 790126 Saint Louis, MO 63179-0126

Metlife Auto & Home PO Box 41753 Philadelphia, PA 19101-1753

Mpcs 5055 Newburgh Plz Newburgh, IN 47629

MPCS Attn: Bankruptcy PO Box 1116 Newburgh, IN 47629-1116

Progressive Leasing 256 W Data Dr Draper, UT 84020-2315

R1 Medical Financial Solutions 3700 Washington Ave Evansville, IN 47714-0541

Ray of Smile Family Dentistry 2038 Lincoln Ave Evansville, IN 47714-1561

Receivables Management 1312 W Westridge Pkwy Greensburg, IN 47240-3251

Receivables Management Partners (Rmp) Attn: Bankruptcy 8085 Knue Rd Indianapolis, IN 46250-1921

Southern Indiana Imaging Consultants, PC PO Box 138 Evansville, IN 47701-0138

Spectrum 1900 N Fares Ave Evansville, IN 47711-3959

St. Vincent Evansville 10330 N Meridian St Indianapolis, IN 46290-1024

The Heart Group, P.C. PO Box 3316 Evansville, IN 47732-3316

WOW! Internet-Cable-Phone PO Box 4350 Carol Stream, IL 60197-4350

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
<u> </u>	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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United States Bankruptcy Court Southern District of Indiana, Evansville Division

IN RE:	Case No.	
Johnson, Dennis Lamont & Johnson, Veronica Renee		
Debtor(s)	Chapter 7	
	E TO CONSUMER DEBTOR(S) HE BANKRUPTCY CODE	
Certificate of [Non-Attorney]	Bankruptcy Petition Preparer	
I, the [non-attorney] bankruptcy petition preparer signing the debte notice, as required by § 342(b) of the Bankruptcy Code.	or's petition, hereby certify that I delivered	d to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	petition preparei the Social Secur principal, respor	number (If the bankruptcy r is not an individual, state ity number of the officer, asible person, or partner of petition preparer.)
x	(Required by 11	
Signature of Bankruptcy Petition Preparer of officer, principal, respartner whose Social Security number is provided above.	ponsible person, or	
Certificate	of the Debtor	
I (We), the debtor(s), affirm that I (we) have received and read the	attached notice, as required by § 342(b) of	of the Bankruptcy Code.
Johnson, Dennis Lamont & Johnson, Veronica Renee	X /s/ Dennis Lamont Johnson	3/05/2020
Printed Name(s) of Debtor(s)	Signature of Debtor	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

X /s/ Veronica Renee Johnson

Signature of Joint Debtor (if any)

3/05/2020

Date